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CONFIRMATION NO. 8636

<b>SERIAL NUMBER</b> 10/774,951	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 2664H-000019/US
<b>APPLICANTS</b> Kim Gene Friesen, Topeka, KS; Phillip W. Toll, Valley Falls, KS; <b>** CONTINUING DATA *****</b> <i>NONE S/S</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE S/S</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>S/S</i>		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 33
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 23909				
<b>TITLE</b> Composition and method for use in cartilage affecting conditions				
<b>FILING FEE RECEIVED</b> 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	